2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 07, 2004 8:00 am Secretary of State **DOCUMENT # P03000106549** 1. Entity Name 04-07-2004 90339 005 ***150.00 B & N HAULING, INC. Mailing Address Principal Place of Business 12301 CURLEY STREET PO BOX 1207 SAN ANTONIO, FL 33576 SAN ANTONIO, FL -33576 ---- -3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 02092004 Chg-P Applied For City & State 4. FEI Number City & State 20-0273157 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BARNETT, MARLIN C Street Address (P.O. Box Number is Not Acceptable) 12304 CURLEY STREET SAN ANTONIO, FL. 33576 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. · Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature regulaed when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. DIPRESITREAS Change TITLE TITLE ☐ Delete NEUMANN, WARREN 12304 CURLEY ST. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SAN ANTONIO, FL 33576 CITY-ST-ZIP D/VP/SEC ☐ Delete TITLE Change **▼** Addition TITLE BARNETT, MARCIN NAME 12304 CURLEY ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SAN ANTONIO FL CITY-ST-ZIF ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change - Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FILED